



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
**BUREAU OF TENNCARE**  
310 GREAT CIRCLE ROAD  
NASHVILLE, TENNESSEE 37243 - 1700

## CHECKLIST

### Instate and Out-Of-State Individual Provider In Private Practice or Provider Joining A Group

This check list will assist you in completing and returning the correct forms along with this document.  
Enrollment Packets must include the following:

<b>NPI Number</b>	— — — — —
<b>NPI Collection Form</b>	_____
<b>No. 2 Individual Application</b>	_____
<b>Provider Participation Agreement</b>	_____
<b>Substitute W-9 Form</b>	_____
<b>Copy Of License</b>	_____
<b>Copy Of License Renewal</b>	_____
<b>Copy of Certification</b>	_____
<b>Copy of Renewal</b>	_____
<b>Cigna Medicare Part B Welcome Letter (Instate Only)</b>	_____
<b>Claim Form (Out-Of-State Only)</b>	_____
<b>Medicare Remittance (Out-Of-State Only)</b>	_____